

## CERTIFICATION OF VITAL RECORD

VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN)

## STATE OF ARIZONA

ORIGINAL  
STATE  
COPYSTATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATHDEATH NO.  
D-102 2006 - 006966

NAME OF DECEASED 1. PHYLLIS		A. FIRST B. MIDDLE C. LAST JOAN EHLINGER		SEX 2. FEMALE	DATE OF DEATH 3. FEBRUARY 19, 2006	
RACE (e.g., white, black, American Indian, (specify tribe) etc.) 4A. WHITE		WAS DECEASED OF HISPANIC ORIGIN? (SPECIFY YES OR NO) 4B. NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. 4C.		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 5. NO
PLACE OF DEATH 6. PIMA		8A. COUNTY TUCSON		8C. HOSPITAL OR INSTITUTION TUCSON MEDICAL CENTER		8D. 100A OP EMER PATIENT
DATE OF BIRTH 7. OCTOBER 30, 1931		AGE (YEARS LAST BIRTHDAY) 8A. 74		IF UNDER 1 YEAR 8B. MOS. DAYS		IF UNDER 1 DAY 8C. HRS. MIN.
STATE AND CITY OF BIRTH 11. IOWA, EPWORTH		CITIZEN OF WHAT COUNTRY? 12. USA		SOCIAL SECURITY NO. 13. 481-34-0676		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. CEO/OWNER
USUAL RESIDENCE 15. ARIZONA		15B. COUNTY PIMA		15C. TOWN OR CITY TUCSON		15D. ZIP CODE 85718
STREET ADDRESS OF R.F.D. 16. 4000 N. PONTATOC		INSIDE CITY LIMITS? (SPECIFY Yes or No) 16F. NO		ON RESERVATIONS (SPECIFY Yes or No) 16G. NO		PREVIOUS STATE OF RESIDENCE 18. IOWA
FATHERS NAME 19. MICHAEL		B. MIDDLE SCHMITT		MOTHERS MAIDEN NAME 20. MYRTIE		ACKINSON
INFORMANT'S SIGNATURE 21. WILLIAM EHLINGER		RELATIONSHIP TO DECEASED 22. HUSBAND		ADDRESS 23. 4000 N. PONTATOC, TUCSON, AZ 85718		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24. CREMATION		DATE 25. 2/24/06		CEREMONY OR CREMATION - NAME/LOCATION 26. SOUTH LAWN CREMATORY, TUCSON, AZ		27A. NOT EMBALMED
FUNERAL HOME 28. ADVANTAGE ARIZONA MORTUARY, 7 E. UNIVERSITY, TUCSON, AZ 85705		NAME 29. ELAINE MADRID		CITY AND STATE TUCSON, AZ		27B. FUNERAL DIRECTOR or person acting as such (SIGNATURE) 27C. CERT. NO. 1723
TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY 30. SIGNATURE AND TITLE 31. DATE SIGNED (Mo., Day, Year) 02/21/06		TO BE COMPLETED BY MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY 32. HOUR OF DEATH 1440		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. 34. SIGNATURE AND TITLE 35. DATE SIGNED (Mo., Day, Year) 36. HOUR OF DEATH 37. ON 38. AT		
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 39. LAWRENCE LINCOLN MD, 5679 E. GRANT RD., TUCSON, AZ		AUTHORIZED FOR CREMATION (Specify) 40. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		MEDICAL EXAMINER'S SIGNATURE 41. [Signature]		
DATE REGISTERED 42. MAR 01 2006		REG. FILE NO. 43. 1354		REG. DISTRICT 45. 100		DATE RECD IN STATE OFFICE 46.
SEVERELY LIST CONDITIONS IF ANY, LEADING TO IMMEDIATE CAUSE ENTER UNDER VIOLENT CAUSE OR INJURY THAT RELATED EVENTS RESULTING IN DEATH LIST. 47. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Metastatic colon cancer		47B. DUE TO OR AS A CONSEQUENCE OF:		47C. DUE TO OR AS A CONSEQUENCE OF:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No) 49. NO		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50. YES		
MANNER OF DEATH 51. <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> FENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		DATE OF INJURY 52. MO DAY YR 53. M		INJURY AT WORK? (Specify Yes or No) 54.		DESCRIBE HOW INJURY OCCURRED 55.
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 56.		WHERE LOCATED? 57.		STREET ADDRESS 58.		CITY OR TOWN STATE
SUPPLEMENTARY ENTRIES 59.						

DATE ISSUED: 3/2/2006

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

PATRICIA ADAMS  
ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT